**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I                                                              |                                                                                         |                      |                                 |                 |                |                                           |                                      |          | SMALL ENTITY                      |                        |    | OTHER THAN                    |                        |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------|---------------------------------|-----------------|----------------|-------------------------------------------|--------------------------------------|----------|-----------------------------------|------------------------|----|-------------------------------|------------------------|
| -                                                                                     |                                                                                         | 1                    |                                 | olumn 1)        |                | (Column 2)                                |                                      |          | TYPE .                            |                        | OR | SMALL                         |                        |
| FOR                                                                                   |                                                                                         |                      | NUMBER FILED                    |                 |                | NUMBER EXTRA                              |                                      |          | RATE                              | FEE                    |    | RATE                          | FEE                    |
| BΑ                                                                                    | SIC FEE                                                                                 | ,                    |                                 |                 |                |                                           |                                      |          | g.t                               | 345.00                 | OR | . 3 *                         | 690.00                 |
| TC                                                                                    | TAL CLAIMS                                                                              |                      | 52 minus 20=                    |                 |                | . 32:                                     |                                      |          | X\$ 9=                            |                        | OR | X\$18=                        | 576.00                 |
| IND                                                                                   | EPENDENT CL                                                                             | _AIMS                |                                 | minus 3 = *     |                |                                           |                                      | Γ        | X39=                              |                        | OR | X78=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                         |                      |                                 |                 |                |                                           |                                      |          | +130=                             |                        | OR | +260=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |                                                                                         |                      |                                 |                 |                |                                           |                                      | L        | TOTAL                             |                        | OR | TOTAL                         | 1,2660                 |
| CLAIMS AS AMENDED - PART II                                                           |                                                                                         |                      |                                 |                 |                |                                           |                                      |          |                                   | -                      |    | OTHER                         | /                      |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                         |                      |                                 |                 |                |                                           |                                      |          | SMALL I                           | ENTITY                 | OR | SMALL                         |                        |
| AMENDMENT A                                                                           | v j                                                                                     | REM                  | AIMS<br>AINING<br>TER<br>NDMENT |                 | l<br>PR        | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     |          | RATE                              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                   | . 1                  | 18                              | Minus           | **             | 52                                        | =/                                   |          | X\$ 9=                            |                        | OR | X\$18=                        |                        |
|                                                                                       | Independent                                                                             | *                    | 1                               | Minus           | .***           | 3                                         | = /                                  |          | X39=                              |                        | OR | X78=                          |                        |
|                                                                                       | FIRST PRESE                                                                             | :NIAIIC              | ON OF MU                        | JLTIPLE DEI     | PEND           | ENT CLAIM                                 |                                      |          | +130=                             |                        | OR | +260=                         |                        |
|                                                                                       | 0                                                                                       |                      |                                 |                 | ٠.             |                                           |                                      |          | TOTAL                             |                        | OR | TOTAL                         |                        |
|                                                                                       | $\mathcal{D}$                                                                           | (Coli                | umn 1)                          |                 | (C             | column 2) (Column 3)                      |                                      | AL       | ODIT. FEE                         |                        |    | ADDIT. FEE                    |                        |
| AMENDMENT B                                                                           | *                                                                                       | CL                   | AIMS                            |                 | ł              | HIGHEST<br>NUMBER                         |                                      | Г        |                                   | ADDI-                  |    |                               | ADDI-                  |
|                                                                                       |                                                                                         | AF                   | TER<br>DMENT                    |                 | PR             | EVIOUSLY<br>PAID FOR                      | PRESENT<br>EXTRA                     |          | RATE                              | TIONAL<br>FEE          | \  | RATE                          | TIONAL<br>FEE          |
|                                                                                       | Total                                                                                   | · /                  | 8                               | Minus           | **             | 52                                        | = 8                                  |          | X\$\\ \text{9=}                   |                        | OR | X\$18=                        |                        |
| <b>AME</b>                                                                            | Independent                                                                             | 1. /                 | ,                               | Minus           | ***            | 3                                         | = 0                                  |          | X39=\                             |                        | OR | X78=                          |                        |
| _                                                                                     | FIRST PRESE                                                                             | NTATIC               | ON OF MI                        | JLTIPLE DEF     | PEND           | ENT CLAIM                                 |                                      | L        |                                   |                        | On | · ·                           |                        |
| !                                                                                     |                                                                                         |                      |                                 |                 |                |                                           |                                      |          | +130=                             |                        | OR | +260=                         |                        |
|                                                                                       |                                                                                         |                      |                                 | •               |                |                                           |                                      | ΑC       | TOTAL<br>DDIT. FEE                |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
|                                                                                       |                                                                                         |                      | umn 1)                          |                 |                | olumn 2)                                  | (Column 3)                           |          | •                                 |                        |    |                               |                        |
| AMENDMENT C                                                                           |                                                                                         | REM<br>AF            | AIMS<br>AINING<br>TER<br>IDMENT | ·               | · PR           | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     |          | RATE                              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                   | *                    |                                 | Minus           | **             |                                           | =                                    |          | X\$ 9≈                            |                        | OR | X\$18=                        | ,                      |
|                                                                                       | Independent                                                                             | *                    |                                 | Minus           | ***            |                                           | =                                    | <b> </b> | X39=                              | -                      |    | X78=                          |                        |
| 7                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                          |                      |                                 |                 |                |                                           |                                      | -        | 703-                              |                        | OR | 7/0=                          |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                         |                      |                                 |                 |                |                                           |                                      |          |                                   | -                      | OR | +260=                         |                        |
| ***                                                                                   | f the entry in colui<br>If the "Highest Nui<br>If the "Highest Nui<br>The "Highest Nurr | mber Pre<br>mber Pre | eviously Pa<br>eviously Pa      | aid For" IN THI | S SPA<br>S SPA | CE is less that<br>CE is less tha         | n 20, enter "20."<br>n 3. enter "3." | ~L       | TOTAL<br>DIT. FEE<br>d in the app |                        |    | TOTAL<br>ADDIT. FEE<br>umn 1. |                        |